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MAXIMISING THE EFFECTIVENESS OF THE PRESCRIBED EATING PLAN (PEP)

Helping patients to make changes to shopping, cooking and eating habits can be difficult, yet remains at the core of effective weight management. The Counterweight Prescribed Eating Plan (PEP) is a calorie controlled eating plan, based around a 600kcal deficit prescription tailored to patients' current weight and activity levels. The PEP is used with the booklet 'My Personal Weight Loss Plan' and 'Healthy Eating Quiz'. It is suitable for patients who, from their Daily Living Diary and their Healthy Eating Quiz results, look as if they mostly eat the right foods but need more advice on portion control. It is also suitable for patients who ask for more rigid eating plans or diet sheets, and have time to devote to weighing foods and working out their intakes. If a patient returns to appointment 2 and has not filled in a diary or quiz, they are not ready to take on the PEP.

Applying the PEP

1. Patients need to weigh their food portions at least once to establish a baseline: the "My Personal Weight Loss Plan" booklet gives the weights of a single serving.
2. Patients need to work out how many servings of each food they can have in their personal portion.
3. Once personal portions have been established through weighing, handy measuring utensils can be used such as particular bowls or spoons.
4. Encourage occasional weight checks on serving sizes to ensure portions are not changing with time.

The PEP is based around the 5 food groups found in the Balance of Good Health plate model which has now been superseded by the 'Eatwell Plate' but the same 5 food groups still apply.

Bread, other cereals and potatoes: Each serving contains approximately 80kcal.

This food group is the foundation to a balanced eating plan and should be the major sources of energy in the diet. This group is a rich source of B vitamins, with wholemeal varieties rich in insoluble fibre.

- Bread servings are based on a medium sliced loaf: thick slices, and speciality breads are higher in calories per slice. If eaten on a regular basis they may affect the calorie prescription.
- It is handy to have little sachets of 25g rice, pasta and cereal servings in your room to demonstrate the actual serving sizes to your patients.

Fruit and vegetables:

These are good sources of soluble fibre and antioxidant vitamins, and due to their high water content generally low in calories

Fruit: Each serving contains approximately 60kcal.

A serving constitutes:

- 1 medium size piece of fruit such as an apple, pear or small banana.
- 2 small fruits, e.g. plums, apricots.



- Approx 2 inch slice melon or pineapple.
- Approx 1 cup of grapes or berries.
- 1 heaped tablespoon dried fruit.
- 150ml fruit juice or fruit smoothie: despite their nutritional value can be high in calories, and limited to only 1 glass daily.



Vegetables: Each serving contains approximately 15kcal.

- The prescribed number of daily servings is a target rather than a limit.
- Encourage a variety of fresh, raw, cooked, frozen and canned vegetables.
- Beans and pulses are higher in calories, so ensure patients are not making their daily prescription exclusively from these foods.
- Encourage the patient to put vegetables on the plate first, when serving their main meals. Aim to fill half the plate with vegetables before adding other foods.

Meat, fish and alternatives: Each serving contains approximately 140kcal.

These are good sources of protein and iron. A serving constitutes:-

- 100g uncooked meat and poultry which equates to approximately 50g and 75g cooked weights respectively.
- 90g– 120g cooked fish. Up to 4 servings of oil rich fish per week is encouraged, but for women who are pregnant or breastfeeding, intake should be limited to 2 servings. Oil rich fish include mackerel, herring, salmon, trout and fresh tuna. Advise patients to avoid those canned in oil.
- 25g nuts. These are excellent sources of protein for vegetarians however their high fat content makes them high in calories.
- Beans and pulses also count as good low fat protein sources and should be encouraged.
- 2 eggs, cooked without fat make an excellent low fat meat alternative. There is no weekly limit for eggs

Milk and dairy foods: Each serving gives approximately 80kcal.

This group contains good sources of protein and calcium, but beware of the hidden fats.

- Aim for at least 2 servings, with 180 ml milk or 150g yogurt or 25g cheese as one serving.
- Advise patients to try lower fat alternatives, e.g. cottage cheese and low fat yoghurts.
- Advise 'cheese nibblers' to be careful. Patients can be advised to use their snack allowance for extra 25g servings of cheese if desired.
- Butter and cream are not in this food group as they are not considered good sources of calcium.

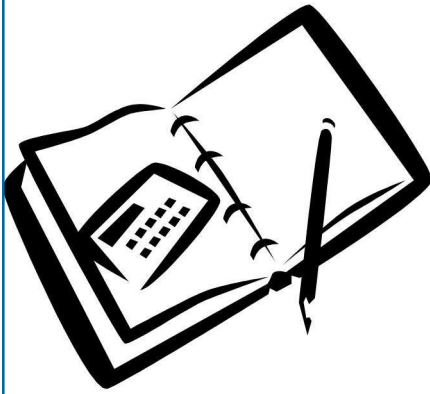
Fats and Oils: Each serving contains approximately 10g fat and 90kcal.

- Fat is a concentrated source of calories, and therefore serving sizes are small (2 – 4 tsps) covers most portions of full fat and low fat spreads and dressings.
- Salad accompaniments such as coleslaw, potato salad and dressings are high in fat, often overlooked sources of calories.

Drinks: Fluids are not represented on the Balance of Good Health, or on the PEP, but they still count in the prescription.

- Patients should be encouraged to drink 2 – 3 litres of fluids each day.
- Keep drinks mostly calorie free, e.g. water, sugar free squashes and diet fizzy drinks.
- Tea and coffee count as part of your patients' requirements, taking milk from dairy allowance where necessary and avoiding sugar.
- Alcohol is very high in calories. Best to use snack allowance for this, and refer back to Christmas edition of this newsletter for more information on alcohol and calories.

Patient Comments on the PEP

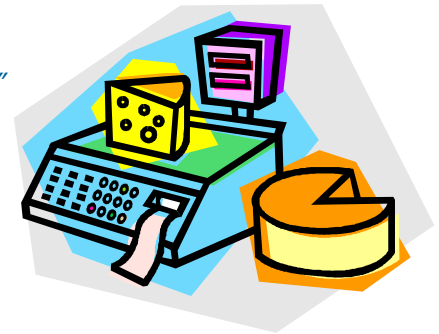


"Keeping a record of one's intake is probably the best tool, even if one goes over one's allowance, to see it on paper is a wake-up call. I was surprised to see that even on days that I was "bad", I wasn't that bad!"

"It meant I could compare where my diet was going wrong! It is amazing how quickly you can use up your fat allowance..."

"It really helped me see that I was eating too much just out of habit, I am more than satisfied on this plan, and when I have been out and wanted a piece of cake I have it, I just work it into the plan"

"...I still weigh out my portions now and again, not necessarily every meal."



WEBSITE OF THE SEASON



www.nhs.uk

NHS choices

On the homepage there is a link to obesity, which goes into the definition, facts, diagnosis, symptoms, treatment and prevention of obesity which is consistent with much of the information in the Counterweight training manual. These pages are written in an easy to read manner and presented in a logical order. The website has many interactive tools and quizzes which involve the reader and help to reinforce messages geared towards losing weight.

The link to choosing a healthy diet links back to the FSA Balance of Good Health website which we have covered in a previous newsletter. There is also a link to the NHS choices "5-a day" campaign and how this advice can be incorporated into the diet. There are a couple of inspiring video clips, from individuals who have lost weight by making small and sustainable changes to their lifestyle, emphasising the benefits of modest weight loss, and encouraging the use of food diaries.

A video link to "Lose the Belly" delivered by men, for men, contains information about the health risks of having a waist circumference >37 inches. Within this section there is advice on reducing alcohol, fast food and increasing exercise.

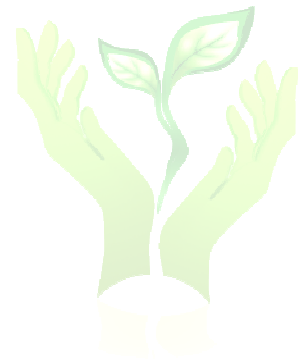
These pages are supported by the use of an activity quiz, in which the summary of results relates well to the text on the website.

Overall this website is very informative and worth using as a resource to keep dipping in and out of. Each time you go back to it, you may find that there is more information than you initially realised and the addition of yet more up-to-date articles.



THE COUNTERWEIGHT BUDDY: A VITAL ROLE

Counterweight Weight Management Advisers (WMAs) are commissioned to work in Primary Care Trusts (PCTs) in England, and health boards in Scotland, for between 1 and 2 years to facilitate introduction of weight management services to an agreed number of practices. A 'Buddy' is an NHS dietitian or clinician, employed in a local area to actively support Counterweight. They work with WMAs during the initial training and mentoring of practice staff, they then manage the continued implementation of Counterweight in each health board or PCT once the WMA leaves.



The Buddy role is key to success, as they continue to support the practices trained by the WMA, and roll out Counterweight to more practices in their area. Understandably this takes time. In Scotland the Scottish Government have provided the 0.4WTE funding for each health board area for the first 2 years for this role, with longer term resource for the post to be met from within each health board area. In England, PCTs are aiming to secure funding to appoint a minimum 0.4 WTE.

Buddies work with the WMAs to gain an understanding of how Counterweight is being delivered in primary care services and how it fits into local obesity management pathways, that are either being developed or being implemented in PCTs and health board areas. They take on responsibility for training and mentoring their own practices under the guidance of their WMA. This helps the buddy to gain a working knowledge and understanding of up-to-date Counterweight protocols, processes and procedures.

Buddies are also encouraged to attend quarterly meetings with WMAs. This encourages joint working and provides a support network for buddies, both new and those who are no longer being mentored by their WMA. As well as providing time to discuss working practice, new ideas, and share the ups and downs, it is also the forum where buddies are kept informed of continuous improvements made to the programme. This ensures a consistent approach is being used in the delivery of the programme across the country.

There is a lot of good work being done by the Counterweight buddies, who are often working in other strategic or specialist roles. For a full list of contact details of buddies please see the website www.counterweight.org.

Perhaps there is a buddy who would like to write a short article for this newsletter on their experiences in the role of Counterweight buddy? If so, either contact your local WMA, or email maria.mcquigg@counterweight.org. We look forward to hearing from you.



COUNTERweight®

The Counterweight Project Team

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